



PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Veldhuis et al.

Serial No.: 10/676,847

Filed: October 1, 2003

For: METHOD OF TREATMENT OF
HYPOXIA/ISCHAEMIA

Examiner: J. Galvez

Group Art Unit: 1647

Attorney Docket No.: 2183-6139US

NOTICE OF EXPRESS MAILING

Express Mail Mailing Label Number: EL994843152US

Date of Deposit with USPS: August 31, 2005

Person making Deposit: Steve Wong

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action of March 31, 2005, please amend the claims and drawings as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings appear on page 5 of this paper and include both attached replacement sheets and annotated sheets showing changes.

Remarks begin on page 6 of this paper.

An **Appendix** including amended drawing figures is attached following page 14 of this paper.

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL for FY 2005</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 200.00</p>		<p>Application Number 10/676,847</p>	<p>Filing Date 10/1/2003</p>
<p>First Named Inventor Veldhuis et al.</p>		<p>Examiner Name J. Galvez</p>	
<p>Art Unit 1647</p>		<p>Attorney Docket No. 2183-6139US</p>	

METHOD OF PAYMENT (check all that apply)
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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee(\$)
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee(\$)
4 - 3 or HP= 1 x 200 = 200.00		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 55,911	Telephone 801-532-1922
Name (Print/Type)	Kelly A. Echols	Date	August 31, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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